



Grief After Suicide: *Transition Survivors from “Why?” to “What’s Next?”*

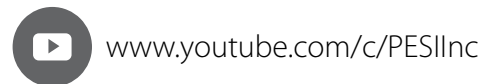
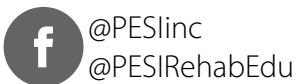
Rita A. Schulte, LPC

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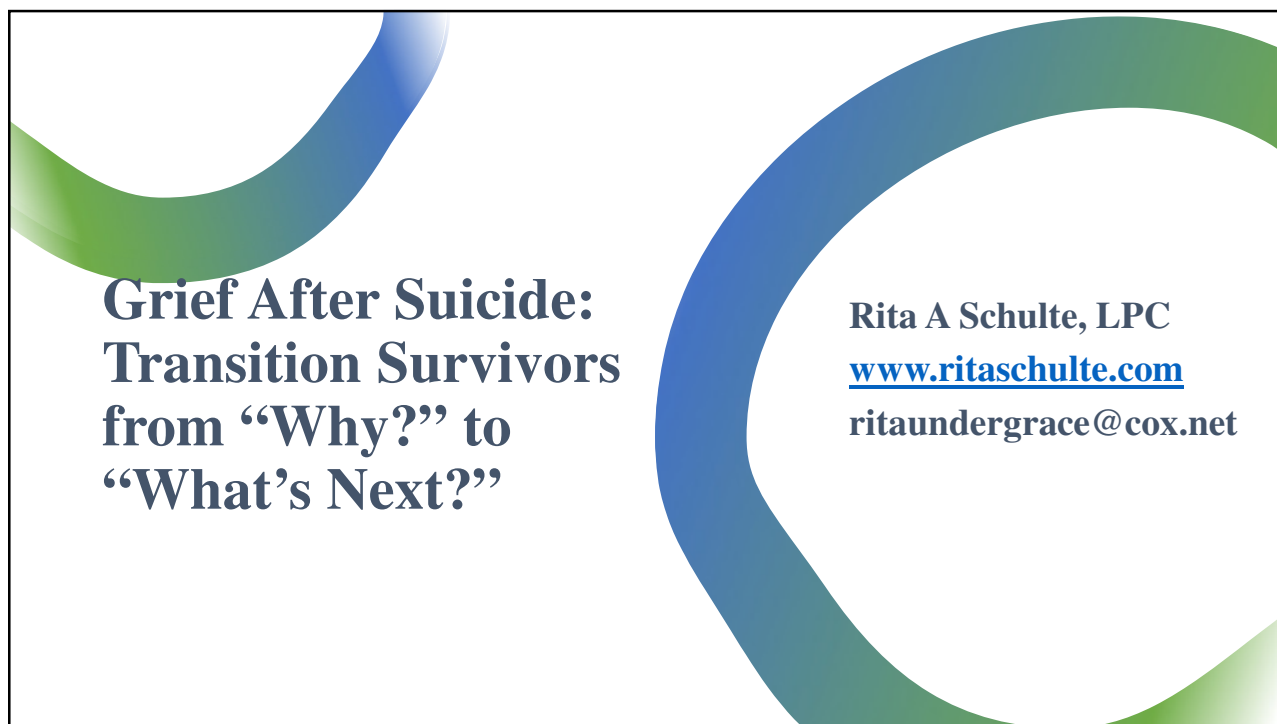
Rita A. Schulte, LPC specializes in the treatment of depression, suicidality, and grief. Rita is no stranger to loss and suffering having lost her beloved husband to suicide in 2013. In addition to her private practice, Rita is the creator and host of Heartline Radio where she talks with counselors, authors and everyday people about moving through the difficulties of life. Rita writes for numerous publications and blogs and her articles have appeared in *Counseling Today Magazine*, *Thriving Family*, *Kyria* and *LifeHack.org*. She is the author of *Shattered: Finding Hope and Healing through the Losses of Life* (Leafwood, 2013) and her latest book *Alongside: A Roadmap for Suicide Survivors and Those Who Love Them* is scheduled to be released in the fall of 2021.

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Transition Survivors
from “Why?” to
“What’s Next?”**

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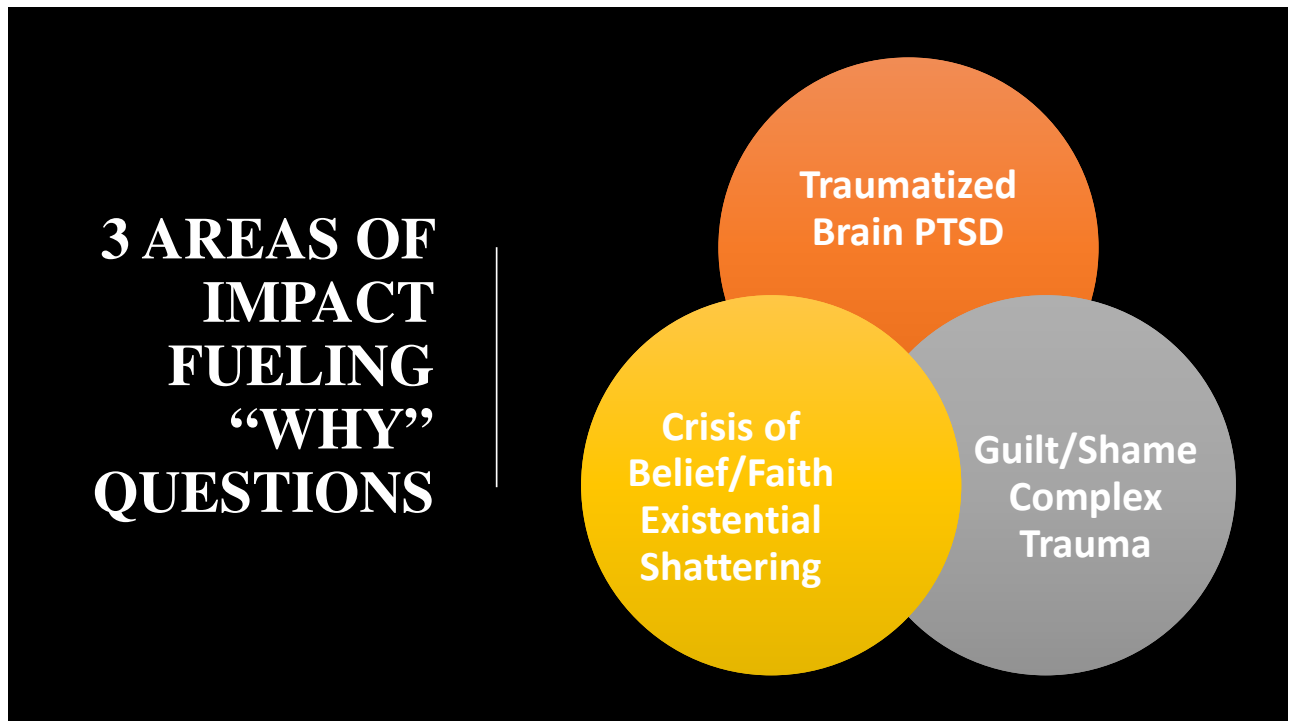
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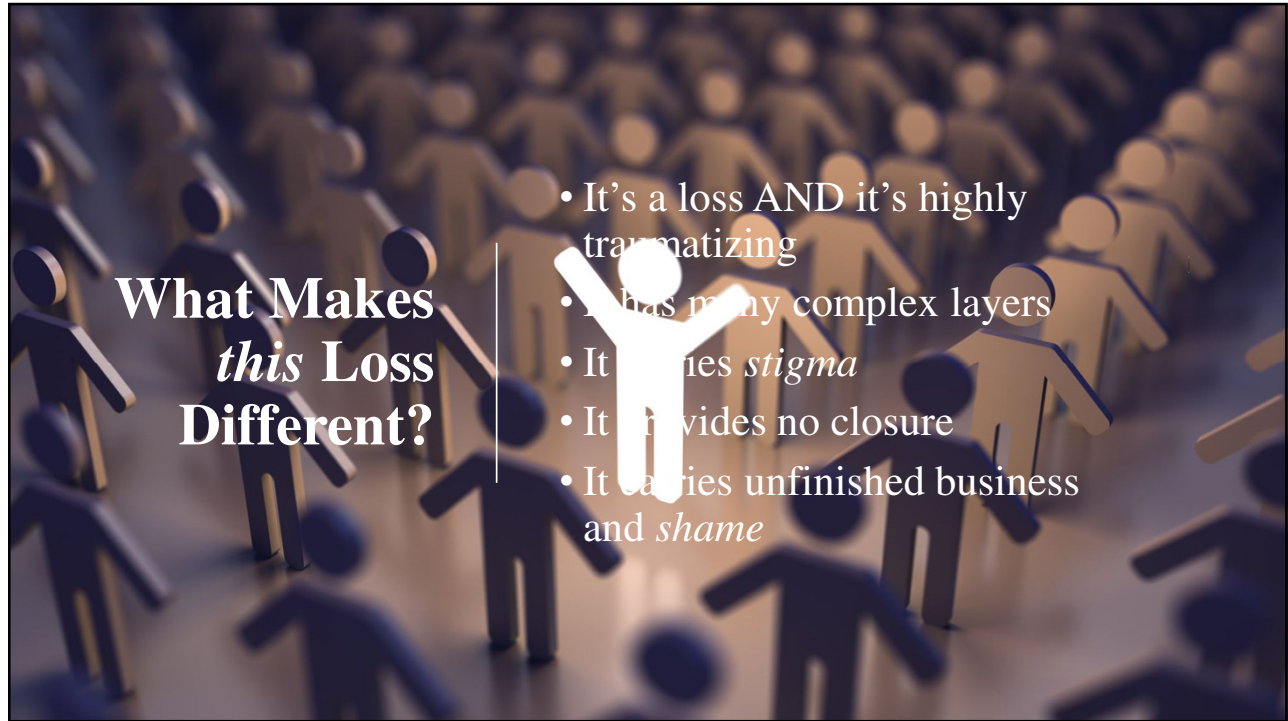
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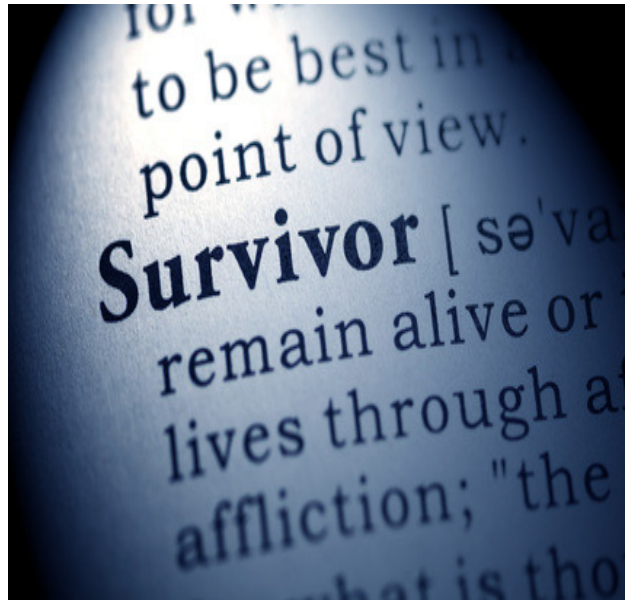
What Makes *this* Loss Different?

- It's a loss AND it's highly traumatizing
- It has many complex layers
- It carries *stigma*
- It provides no closure
- It carries unfinished business and *shame*

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Dr. Edwin Shneidman

“The person who commits suicide puts all his psychological skeletons in the survivor’s emotional closet – he sentences the survivor to deal with many negative feelings and more, to become obsessed with thoughts, (the *WHY* questions) regarding **their own actual, or possible role in having caused the suicidal act, or having failed to abort it.**”



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IMPACT #1: TRAUMATIZED BRAIN

- Trauma impacts key structures in the brain underlying emotional regulation. The emotional brain, is constantly hijacking the rational brain, especially in the early stages of trauma
- **Prefrontal cortex:** goes offline. Limbic brain (**amygdala**) constantly firing
- Breakdown of **Thalamus** explains why there is no coherent narrative of trauma, only isolated sensory imprints/images, sounds, physical symptoms accompanied by terror and helplessness
- **Hippocampus** encodes memory. Time and memory freezes.
- **Anterior cingulate:** works to help us filter out what's relevant and what's not

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Traumatized Brain

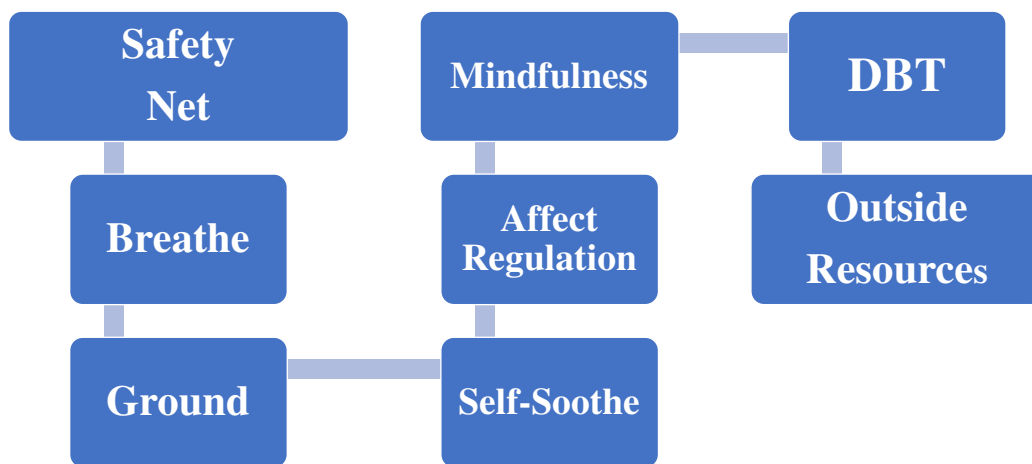
- **Corpus callosum** shrinks after 5 or more victimizations
- Effect's ability to develop secure attachment
- Greater deficits in frontal lobe functioning and meta cognitive skills
- Amygdala hijack interferes with development of coping skills. Hyperexcited limbic system triggers ANS to go into overdrive
- Breakdown in executive functioning. Need to bring PFC back online
- Limited inhibitory control by cortical structures especially in PFC
- Disassociation: detached from mind/body, disconnect from self
- Derealization: world seems dreamlike, unreal, distorted, this isn't happening

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-
- The brain releases 8 mg of morphine as it relives the trauma. Very powerful dose making clients feel physically sick (nausea)
 - Core beliefs driven by sympathetic activation have to do with safety. **I'm not safe, the world isn't safe**
 - Parasympathetic nervous system is associated with energy conservation: be invisible, submit, freeze, collapse.
 - Traumatized brain: intrusive images, nightmares, flashbacks have now become procedural memory for clients and become encoded in the brain

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Resetting the Nervous System after Trauma



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Exercises

- Containment
- Grounding Movement
- DBT
- Mindfulness Non-Judgment
- ACT

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Pendulation: Finding Opposite Sensations

- **Pendulation:** the body's natural restorative rhythm of contraction and expansion
No matter how bad we feel, those feelings can and will eventually change
Whatever is felt is time limited. Suffering is not forever
- Focus on shifting sensations (the *AND/BOTH*)
- Brings a new perspective/feeling in the body and mind
- Learn to focus awareness from distress to ease

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HOW CAN WE OPEN PEOPLE UP TO NEW POSSIBILITIES?

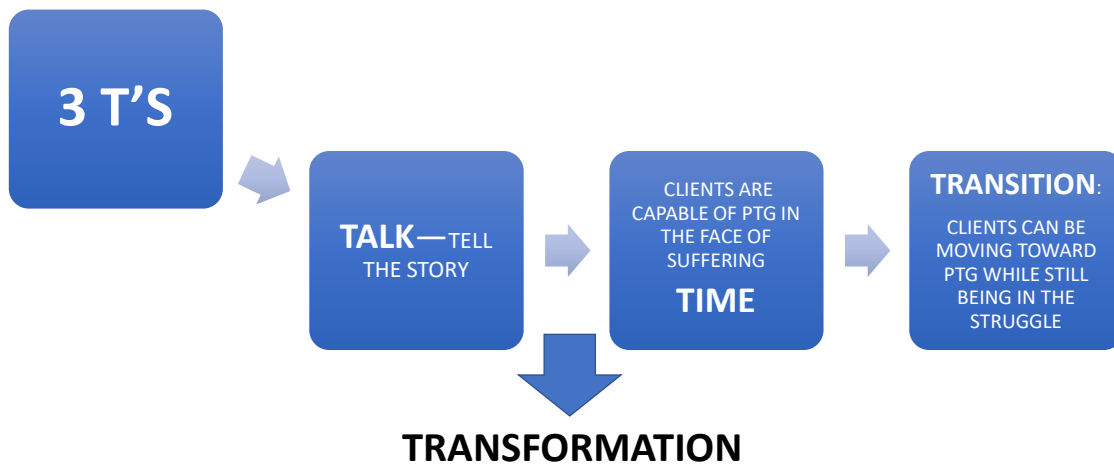
What meaning did they attach to the trauma/suicide?

Do they feel responsible?

What do they need?

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How Do We Help Clients Change Their Filtering Systems?



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KEY TO HEALING

ALONGSIDE

PRESENT

PATIENT

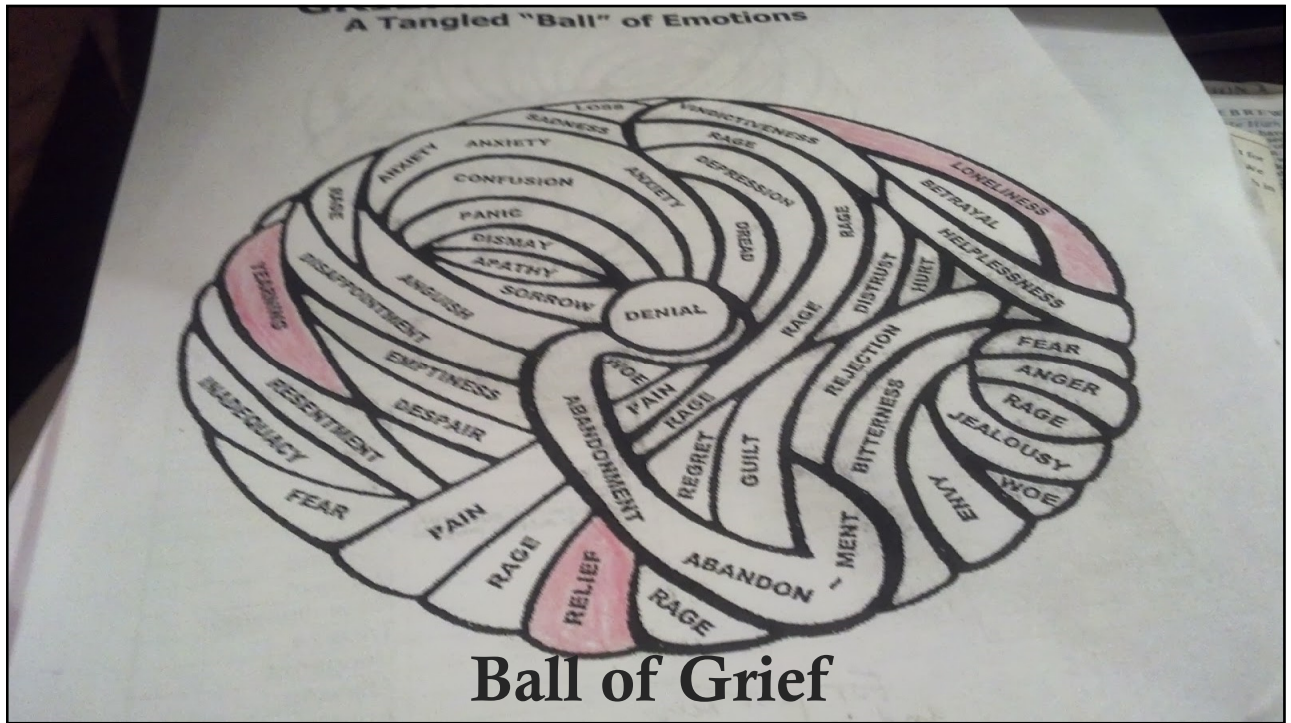
PLANTING

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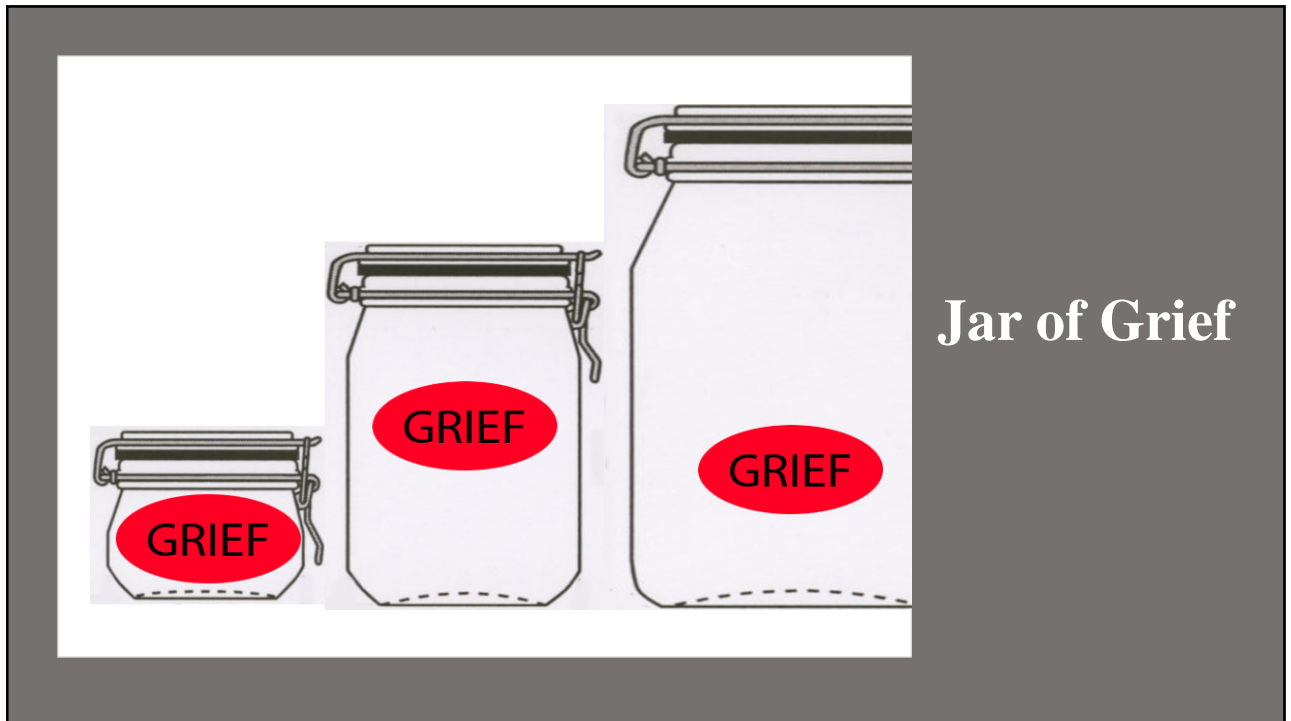
Alongside

- In the aftermath of the crisis, the subject will have to **understand the traumatic situation** and to deal with stress and loss. Therefore, he might look for help and **support** from his family and friends ([Tedeschi & Calhoun, 1996](#)).
- As a result of **increased self-disclosure** about personal negative experiences, the individual **may perceive a higher emotional connection with others, as well as a feeling of closeness and intimacy in interpersonal relationships** ([Tedeschi & Calhoun, 1996, 2004](#)).
- Subsequently, the **subject begins to better accept the help given by others and make better use of already existing social networks or invest in new ones** ([Calhoun & Tedeschi, 2001](#)). In fact, it may occur a reflexive thinking about relationships, thus, some relations may become more meaningful while others may be weakened or even end ([Tedeschi & Calhoun, 2004](#)).

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Phototherapy



Explore and put into safekeeping the memories of what we've lost



Connecting with photo's helps to honor what was lost and put words to pain



Willingness will teach clients how to sit with painful emotions and not avoid grief



Search for visual messages, themes, beliefs, and feelings



It's not just viewing the photos it's *how* the client is connecting to them

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Phototherapy

Ask:

How do these images reconnect you with the details of your life?

How can the past serve as a bridge for the future?

What do you discover about yourself? Your loved one?

What, if anything remains unresolved?

What patterns or repeated themes do you notice?

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SHATTERED VASE



**A BOMB WENT OFF IN MY LIFE
MY LIFE HAS NO MEANING
I'M RESPONSIBLE
MY LIFE IS IN RUINS
I DON'T KNOW WHO I AM
THE WORLD IS A SCARY PLACE
I HAVE NO REASON TO LIVE**

- Honor broken pieces
- Create something new

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IMPACT #2: GUILT/SHAME/COMPLEX TRAUMA

- WHAT MEANING DID THE CLIENT ATTACH TO THE SUICIDE?
- Examine Beliefs and Cognitive Distortions
- PERSONALIZING:
 - I'm responsible
 - It was my fault
 - I caused this

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**WOUNDED
PARTS NEED A
VOICE**

- DEPRESSION
- DESPAIR
- ANXIETY
- LONELINESS
- FEAR
- ISOLATION
- HOPELESSNESS
- SILENCE
- ANGER
- SELF-BLAME/SHAME

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**PARTS
WORK:
PLANTING
SEEDS OF
POSSIBILITY**

- **CONSIDER THE CONCEPT OF POSSIBILITY:**
“Is it possible that it wasn’t your fault?”
- **WHAT WOULD IT MEAN IF YOU COULD EMBRACE THE IDEA THERE WAS NOTHING YOU COULD HAVE DONE TO STOP IT?**

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**REMEMBERED
RESOURCE
PERSON**

- Someone safe
- Parent, friend, spouse, God, deceased loved one
- Speak truth into the parts carrying guilt/ shame

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Shame

- How is shame connected to the trauma/loss?
- How does shame affect the way the client lives?
- How is shame effecting client's connection to others?
- In what story is the the client living? What conclusions has the client drawn about self?
- **Vulnerability** is the key to healing shame

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Assess Clients Self- Talk

- Belief's exercise
- Continually re-enforcing the idea of self-compassion
- Suggest the possibility that their compassionate part may be able to reframe negative self talk and be open to explore facets of PTG
- Can they feel empathy and compassion for any mistakes and learn from them? Can they forgive themselves? Others?

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Myths

- What are some of the myths you have bought into about how to handle grief/loss?
- How have they impacted your behavior?
- How have they impacted the way you do relationships?
- Grief, loss, trauma force us to reassess our values and re-evaluate our belief system. That may include letting go of some things and embracing new ways of being



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Narrative Therapy

- Loss is viewed as an event that **can profoundly perturb one's taken-for-granted constructions about life, sometimes traumatically shaking the very foundations of one's assumptive world** (Janoff-Bulman, 1989)
- One of the key deficiencies in traditional models of grieving is their implicit presumption of universality—**the idea that all or most bereaved persons respond similarly to loss at an emotional level**
- A meaning-reconstruction view emphasizes the subtle nuances of difference in each griever's reaction, so that **no two people can be presumed to experience the same grief in response to the "same" loss** (Gilbert, 1996)
- Working from this perspective requires ways of **helping clients interrogate their own tacit assumptions about life that were challenged by a particular loss, while groping their way toward new sustaining frameworks of meaning**

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Newer Models of Mourning

- Skepticism about the universality of a predictable "emotional trajectory" that leads from psychological disequilibrium to re-adjustment, coupled with an appreciation of more complex patterns of adaptation (Attig, 1991; Attig, 1996);
- **A shift away from the presumption that successful grieving requires "letting go" of the one who has died** and moving toward a recognition of the potentially healthy role of maintaining continued symbolic bonds with the deceased (Klass, Silverman, & Nickman, 1996; Stroebe, Schut, & Stroebe, 1998);
- **Attention to meaning-making processes** entailed in mourning, supplementing the traditional focus on the emotional and symptomatic consequences of loss (Horowitz, 1997; Janoff-Bulman, 1989; Viney, 1991)

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Interventions: Narrative Therapy



Life Imprint (Neimeyer, 1999)



Metaphoric Images: draws on words that are rich in resonance and imagery



Poetry/Journaling 15 mins. per day



Linking objects: Natalie Cole's duet "Unforgettable." Carrying on someone's life work or legacy



• **Loss timeline** (Alison J. Dunton) (Neimeyer, 2012). Provides opportunity for clients to recall previous similar situations to identify strengths

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Self-Compassion: 3 Keys

- Change the way we relate to ourselves: ***Practice self-kindness, gentleness, and patience with self***
- Recognition of common humanity. Being human is subject to limitations
- Mindfulness helps us turn toward our suffering and pause
- *Research by Kristen Neff, PhD*

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WHAT IS RESILIENCE

- Resilience is not a trait that individuals either have or don't have. Resilience involves behaviors, thoughts and accompanying feelings that can be nurtured, developed and **learned**
- Resilience is more accessible and available to some people than others, but **everyone** can strengthen their resilience

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Resilience

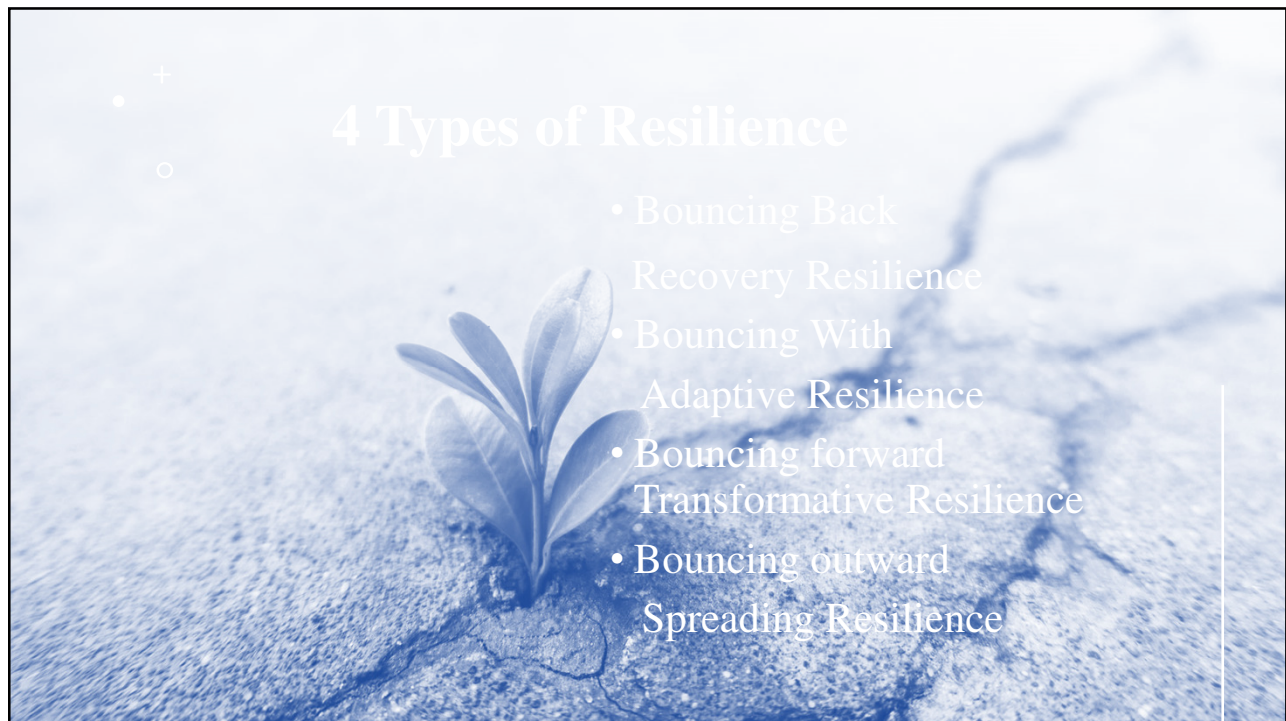
- Strengths such as **gratitude, kindness, hope, and bravery** have been shown to act as protective factors against life's adversities, helping us adapt positively and cope with difficulties such as physical and mental illness (Fletcher & Sarkar, 2013).
- **Hope, bravery, and zest** had the most extensive relationship with positive adaptation in the face of challenge. Authors Martínez-Martí and Ruch speculate that processes such as **determination, social connectedness, and emotional regulation** were important predictors of resilience

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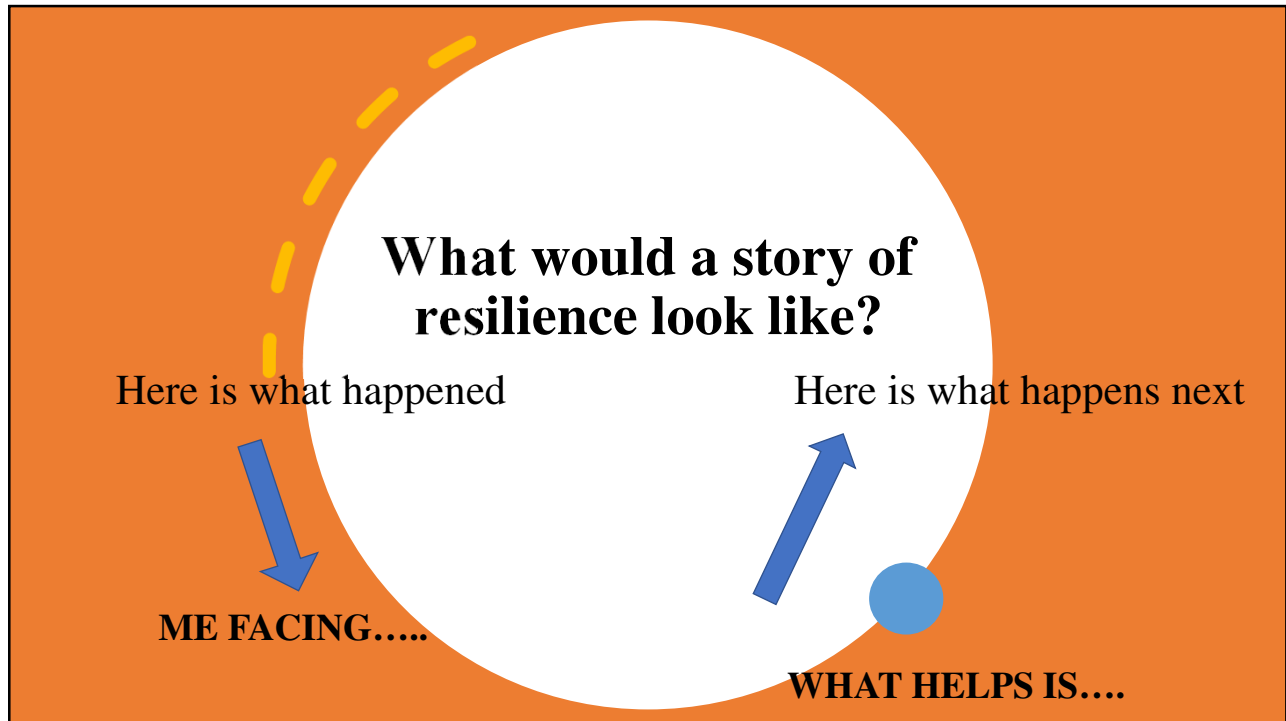
Building Resilience

- Greene and colleagues' (2004) research also investigated the strategies and skills social workers relied on to **boost the resilience of their clients**. Some included:
- Providing clients with **safety** and necessities when faced with adversity or traumatic events – for example, **talking calmly** with distressed individuals, reassuring them of **their capabilities** and ability to get through adversity
- **Listening, being present** and honest, and learning from individuals' **stories** while **acknowledging their pain**
- Promoting **interpersonal relationships, attachments**, and connections between people in a **community** or society
- Encouraging them to view themselves as **part of a society**


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Tools in the Toolbox

- Strengths: What are they?
- Coping Strategies: Which are adaptive?
- Wise Mind
- Values
- Support System: Who can I turn to for support?

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The Setup

What makes me vulnerable?



Exhaustion, stress, sadness, poor sleep, feeling depressed, lack of exercise

What makes me well resourced?



Rested, eating well, exercise, good self-care skills, connection

Chris Johnstone: Seven Ways to Build Resilience

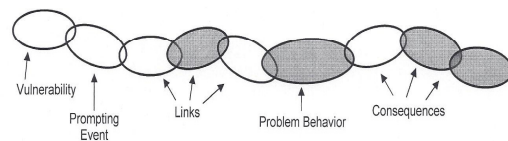
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What was the Prompting event?

What things made me vulnerable?

Chain Analysis of Problem Behavior

Name: _____ Date Filled Out: _____ Date of Problem Behavior: _____



What exactly is the major **PROBLEM BEHAVIOR** that I am analyzing?

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Grow and Develop Resilience

- What strategies can I employ?
- What strengths can I draw upon?
- Where can I turn for support?
- What insights do I have?



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WHY YOGA?

- Yoga helps clients learn to be “comfortable being uncomfortable”
- Helps clients become attuned to their bodies
- Helps clients reorient to their bodies and feel safe



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IMPACT #3: CRISIS OF BELIEF/FAITH

EXISTENTIAL SHATTERING

NOTHING IS SAFE

LIFE IS UNPREDICTABLE

GOD IS UNTRUSTWORTHY

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Spirituality

How has the
suicide
impacted their
concept of
God?

GOD

Silence/Solitude

Prayer

Contemplation

We use
ourselves:
ALONGSIDE

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Research on Spirituality

- As a result of individual strength in confrontation with the stressful conditions, the **trauma survivors' experiences are, in some way, an opening to religious questions or a perception of growth regarding religious or spiritual matters** ([Lindstrom et al., 2013](#)).
- The **faith in a higher religious entity may increase after trauma** and also contribute as a coping mechanism in the cognitive process of finding meaning ([Calhoun & Tedeschi, 2001](#)). Nevertheless, **nonreligious people may experience some growth in the spiritual domain**, which is not exclusive to those who already have a strong spiritual or religious connection ([Tedeschi & Calhoun, 2004](#)).

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- The experience with spiritual growth is variable among trauma survivors and it **depends on the previous relationship and commitment to religiosity and spirituality, as well as on the causal attribution to the event** (i.e., if the subject has the sense of security or, conversely, feelings of anger and injustice with the higher religious power) ([Pargament, Desai, & cConnell, 2006](#)).

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POST TRAUMATIC GROWTH

When clients can **hold the idea** that there was **nothing** they could have done to stop the suicide

When they can focus on the fact they have **survived** and honor the help they received from others. **ALONGSIDE**

Use what happened as an opportunity for **personal growth**, the results will be:

Empowerment—I'm a survivor

Connectedness—with friends, family and community

Gratitude—For that which remains

Spiritual Growth—God is good even when we suffer

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Post Traumatic Growth Inventory

- Self-report tool
- Assess for 5 areas of growth
 - Relating to Others
 - New Possibilities
 - Personal Strengths
 - Spiritual Change
 - Appreciation of Life

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Post Traumatic Growth Inventory

- (Tedeschi and Calhoun, 1996) self report tool to help clients and therapists assess for PTG in 5 domains
- http://www.emdrhap.org/content/wp-content/uploads/2014/07/VIII-B_Post-Traumatic-Growth-Inventory.pdf

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Self-Report Questionnaire for PTG

- **The Psychological Well-Being-Post Traumatic Changes Questionnaire (PWB-PTCQ)**
- Joseph S. Maltby, J. Wood, A.M. et al (2011) Psychological Trauma: Theory Research, Practice, and Policy, 15-19
- **The Stress Related Growth Scale (SRGS)**
- Park, C.L., Cohen, L.H., Murch, R.L. (1996) Journal of Personality, 64 71-105

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Self-Report Questionnaire for PTG

- **The Personal Growth Initiative Scale-II**
- Robitchek, C. Ashton, M.W. Spering, C.C et al (2012) Journal of Counseling Psychology, 59, 274-287
- **The Thriving Scale (TS)**
- Abraido-Lanza, A.F., Cuier C., Colon M.R. (1998) Journal of Social Issues, 54, 405-428
- **The Silver Ling Questionnaire (SLQ-38)**
- Sodegren S.C., Hyland, M.E. (2000) Psychology and Health, 15, 85-97

